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FROM: Winston Hsu, PATENT AGENT, REG. NO. : 41,526

SERIAL NO.: 10/064,600

ATTORNEY DOCKET NO.: ACSP0008USA

SUBJECT: INFORMATION DISCLOSURE STATEMENT

TOTAL PAGES: 40 PAGES (INCLUDING COVER PAGE)

Winston Hsu 2004/11/29

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PTO/SB/87 (09-04)

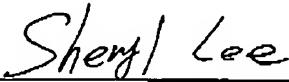
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(1) Transmittal Form	1 PAGE
(2) Fee Transmittal	1 PAGE
(3) Information Disclosure Statement	36 PAGES

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/064,600	RECEIVED
Filing Date	07/30/2002	CENTRAL FAX CENTER
First Named Inventor	Chien Hsing	
Art Unit	2/11	NOV 29 2004
Examiner Name	Auve, Glenn Allen	
Attorney Docket Number	ACSP0008USA	

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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	North America Intellectual Property Corporation		
Signature	<i>Winston Hsu</i>		
Printed name	Winston Hsu		
Date	11/29/2004	Reg. No.	41,526

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	Date		

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 0.00)

Complete If Known

Application Number	10/064,600
Filing Date	07/30/2002
First Named Inventor	Chien Hsing
Examiner Name	Auve, Glenn Allen
Art Unit	2111
Attorney Docket No.	ACSP0008USA

METHOD OF PAYMENT (check all that apply)

 Check Credit card Money Order Other None
 Deposit Account:

Deposit Account Number 50-3105
Deposit Account Name North America Intellectual Property Corp.

The Director is authorized to: (check all that apply)

 Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 790	2001 395	Utility filing fee	
1002 350	2002 175	Design filing fee	
1003 550	2003 275	Plant filing fee	
1004 790	2004 396	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1) (\$ 0.00)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			
Fee from below			
Total Claims	-20** =	X	=
Independent Claims	- 3** =	X	=
Multiple Dependent			
SUBTOTAL (2) (\$ 0.00)			
*For number previously paid, if greater; For Reissues, see above			
**Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$ 0.00)			

SUBMITTED BY				
Name (Print/Type)	Winston Hsu	Registration No. (Attorney/Agent)	41,526	Telephone 302-729-1562
Signature	Winston Hsu			Date 11/29/2004

(Complete if applicable)

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